

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: LAKE MANOR (510330)

Address: 119 E 4TH ST N, LADYSMITH, WI 54848

License Status: REGULAR

Licensed/Certified/Registered 06/30/1992

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096340 **End Date:** 01/27/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096045 **End Date:** 11/03/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009754 Served 12/01/2005

Deficiencies Cited
83.43(4)(b)3

Subject Area
BATTERY OPERATED AND 5 YEAR DELAY

Compliance
Verified

Corrected

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STATE OF WISCONSIN
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P.O. Box 2969
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Survey ID: 0093293 End Date: 08/18/2004 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009704 Served 09/04/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(5)(b)	POLICY AND TRAINING INFECTION CONTROL	12/31/2004	Yes
83.32(2)(a)2	ASSESSMENT OF MEDICATIONS TAKEN	12/31/2004	Yes
83.33(3)(c)2	PROOF-OF-USE RECORDS MAINTAINED	12/31/2004	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	12/31/2004	Yes
83.41(10)(a)	BUILDING MAINTENANCE	12/31/2004	Yes

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Complaint History

Date Complaint Received: 01/17/2006

Date Investigation Completed: 01/27/2006

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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